

HEALTH CARE PROGRAM FOR CHILD CARE RECORD OF ADULT PHYSICAL HEALTH EXAMINATION

State Form 49970 (R6 / 7-19)

Name Date of birth (month, day, year)					
Address (number and str	eet, city, state, and ZIP code)				
			9-7-17		
			MEDICAL HISTORY		
I. List past hospitalizat	tions / operations / accide	nts:	MEDICALTIISTORT		
II. Vaccines / immuniti	es: Month / year		1	-	
☐ Measles		Mumps	Month / year	Rubella (German Measles)	Month / year
☐ Chicken Pox	Month / year	☐ Scarlet Fever	Month / year	☐ Whooping Cough	Month / year
Other:			Month / year	☐ Tdap Booster	Month / year
III. Conditions (Please	explain if present):				
Allergies:					
Chronic health conditions	:				
Use of any drugs / medic	ation:				
Why?					
					The state of the s
			HYSICAL EXAMINATI		
I. Mantoux TB skin tes	t or ISDH approved scree		th, day, year)	Result (in mm)	
I. Mantoux TB skin tes Chest X-ray, if above s		en * Date (<i>mont</i>			
Chest X-ray, if above s		en * Date (<i>mont</i>	th, day, year)	Result (in mm)	
Chest X-ray, if above s	screen is positive?	Date (mont	th, day, year) th, day, year)	Result (in mm) Result	result of participation
Other laboratory test a II. Does this person ha in normal activities (inc	screen is positive?	Date (mont	th, day, year) th, day, year)	Result (in mm)	result of participation
Chest X-ray, if above s Other laboratory test a II. Does this person ha in normal activities (inc	screen is positive?	Date (mont	th, day, year) th, day, year)	Result (in mm) Result	result of participation
Chest X-ray, if above s Other laboratory test a II. Does this person ha in normal activities (inc Yes No If Yes, what modification	screen is positive? as ordered by physician: ave any health condition the cluding sports)? ons of normal activities are	Date (mont) Date (mont) Date would be hazard e necessary?	th, day, year) th, day, year) ous to the person or to	Result (in mm) Result the children in a group setting as a	
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